



Nantucket Planning Board

Form B Application for Approval of a Definitive Subdivision Modification

File one completed form with the Planning Board and one copy with the Town Clerk.

Date: _____ File #: _____

To the Planning Board of Nantucket:

The undersigned, being the applicant as defined under Chapter 41, Section 81-L, for approval of a proposed subdivision *modification* shown on a plan entitled _____ designed by _____ dated _____, and described as follows: located on _____

_____, number of lots proposed _____, total acreage of tract _____, hereby submits said plan as a **definitive plan modification** in accordance with the *Rules and Regulations Governing the Subdivision of Land* of the Nantucket Planning Board and makes application to the Board for approval of said modification.

The undersigned's title to said land is derived from _____ by deed dated _____ and recorded in the Nantucket Registry of Deeds Book _____, Page _____, registered in the Nantucket Registry District of the Land Court, Certificate of Title # _____ and shown on Nantucket Assessor's Map # _____, Parcel _____, and said land is free of encumbrances except for the following: _____

Said plan ☐ has ☐ has not evolved from a preliminary plan submitted to the Board on _____ (date) and ☐ approved ☐ disapproved on _____ (date).

The undersigned hereby applies for the approval of said **definitive plan modification** by the Board, in belief that the plan conforms to the Board's *Rules and Regulations*.

Name(s) and address(es) of the Applicant(s):

(to include all the names and addresses of the principals of the owner entity such as principal officers of the corporation, trustees of a trust or partners of a partnership)

Contact Phone #: _____ Contact Fax #: _____

Name of owner(s): _____

Address of owner(s): _____

I hereby certify that the applicant(s) listed above have been authorized by me to file a subdivision plan *modification* with the Planning Board on property that I own.

Owner's signature

Received by Town Clerk:

Date: _____

Time: _____

Received by Board of Health:

Date: _____

Time: _____

Planning Board File #: _____